

Celebration Giving Event

I would like to support healthcare in my community by hosting a Celebration Giving Event for the Central Northeast Health

I / We are Celebrating: _____

Celebration Event Date: _____ Location of Event: _____

Anticipated Guests (if applicable): _____

Contact Person: _____ Telephone: _____

Mailing Address: _____ Prov. _____ Postal Code _____

Email: _____

Our Foundation would be pleased to assist you with the following. Please select the appropriate boxes.

- Celebration Event notices for your guests
- Signage or table cards for your Celebration Event
- Certificate of total Celebration Gifts available for Event

Our Foundation will also be pleased to help you announce the results of your Celebration Giving Event after it has been completed. We can assist by providing thank you letters and results to all of your donors, promotional articles in local papers or newsletters and when appropriate drafting and issuing press releases to local media outlets.

Designate Your Donation

- Area of greatest need
- Specific department, facility or program

Please note that all proceeds of your Celebration Event, which have not been directly received at the Foundation office, must be provided to the Foundation within two weeks following your event date. Donations of \$10 or greater, with complete mailing addresses, will be charitably received.

Thank You!

Central Northeast Health Foundation

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